Name in Full: Emery I Abrams

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: [illegible] — County: Cecil

Date of death 1904 — Month: 6 H — Day: 29 H — Age — Years: 30 — Months: 2 — Days: 4

Sex: male — Color or Race: white — Birthplace: Cecil Co

Occupation: Laborer — Where Residing if not at place of death: North East

Married, Single or Widowed: Single — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: W Harry Abrams — Father's Birthplace: Cecil Co

Mother's Maiden Name: Elizabeth Fiscus — Mother's Birthplace: Pennsylvania

Name of person giving Information: W H Abrams — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: one year

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: B Devendeiper

Address: North East

~~Accident or Suicide?~~

LIBRARY BUREAU A88516

Betts

Name in Full: Carlo Valig Blini

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Port Deposit (County) Cecil

Date of death 1904 (Month) June (Day) 4th (Age: Years) 26 (Months) 9 (Days) 10

Sex: Male

Color or Race: ~~Dark~~ White

Birthplace: Rosazza Italy

Married, Single or Widowed: Single

Occupation: Stone Cutter

Name of Wife or Husband:

Father's Name: Michel Angelo Valig Blini

Father's Birthplace: Rosazza Italy

Mother's Maiden Name: Rovaldo Carin Marianna

Mother's Birthplace: " "

Name of person giving information: John Valig

How related: deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Hart Lesion

How long: 1 year

Immediate: Exhaustion

How long: 1 week

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H E Clemm

Address: Port Deposit

Md

Autopsy? ~~Inquest~~

LIBRARY BUREAU ARBEIT

Name in Full: William Francis Cooper

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Port Deposit; County: Cecil

Date of death: Month: 6; Day: 9; 1904

Age: Years: 1 1/2; Months; Days

Sex: Male

Color or Race: Colored

Birthplace: Baltimore Md

Occupation:

Where Residing if not at place of death:

~~Married~~, Single, ~~or Widowed~~

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Stephen H. Cooper

Father's Birthplace: Dorchester

Mother's Maiden Name: Susan Brawner

Mother's Birthplace: Balto. Md

Name of person giving information: Susan Cooper

How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis

How long: Unknown

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. G. Fisher

Address: Port Deposit, Md.

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: Henry Lewis Davis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Port Deposit; County: Cecil

Date of death 1904: Month: June; Day: 26

Age: Years: ; Months: 2; Days: 7

Sex: Male; Color or Race: Dark; Birthplace: Port Deposit

Married, Single or Widowed: Neither; Occupation: none

Name of Wife or Husband: none

Father's Name: John Lawson Davis; Father's Birthplace: Maryland

Mother's Maiden Name: Effie Irwin; Mother's Birthplace: Pennsylvania

Name of person giving information: Effie Davis Nowell; How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Measles; How long: 7 days

Immediate: ; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. G. Tucker

Address: Port Deposit, Md.

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU A6818

Name in Full: Samuel Edward Dillman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pleasant Hill — County: Cecil

Date of death 1904: Month: 6 — Day: 2 — Age: Years: 42 — Months: 3 — Days: 1

Sex: Male — Color or Race: White — Birthplace: Queenstown

Occupation: Laborer — Where Residing if not at place of death: Ft. Pleasant Md

Married, Single or Widowed: Married — Name of Wife or Husband: Cornelia E. Dillman

Father's Name: Samuel Dillman — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: Cornelia E. Dillman — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption — How long: 6 months

Immediate: Exhaustion — How long: 2 months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. H. Gifford

Address: Elkton Md

Accident or Suicide? No

LIBRARY BUREAU A38816

Name in Full: Louisa Harris

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Cecilton — County: Cecil

Date of death: Month: 6 — Day: 5 — Years: 55 — Months: X — Days: X

Sex: Female — Color or Race: Negro — Birthplace: Cecil Co

Occupation: Servant — Where Residing if not at place of death:

Married, Single or Widowed: married — Name of Wife or Husband: Wm Harris

Father's Name: Geo Boyer — Father's Birthplace: Cecil Co

Mother's Maiden Name: Millie " — Mother's Birthplace: " "

Name of person giving Information: Wm Harris — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: 179 — How long:

Immediate: Heart Failure — How long: 10 Minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: No Dr in attendance

Address: Jno H Beach, Sub Registrar

Accident or Suicide?

LIBRARY BUREAU A86518

Name in Full: Ernest Kindman

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Elkton — County: Cecil

Date of death: 1904 — Month: 6 — Day: 4 — Age: Years 19 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Elkton

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: George Kindman — Father's Birthplace: Md

Mother's Maiden Name: Annie Longo — Mother's Birthplace: Del

Name of person giving Information: Annie Kindman — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Meningitis — How long: 6 days

Immediate: Exhaustion — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr. D. Cawley

Address: Elkton Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Lydia M Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Bay View (County) Cecil

Date of death 1904 (Month) June (Day) 4 Age (Years) 43 (Months) — (Days) —

Sex Female Color or Race White Birthplace Cecil Co

Occupation — Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Wm Johnson Father's Birthplace —

Mother's Maiden Name Elizabeth J Gamble Mother's Birthplace —

Name of person giving Information — How related to deceased —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Anaemia — How long —

Immediate Stem — How long —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician B Baumgarten M. D.

Address —

Accident or Suicide? —

LIBRARY BUREAU A89516

Name in Full: George Randolph Jones.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Rising Sun | County: Cecil

Date of death: 1904 | Month: June | Day: 30 | Age: Years: 11 | Months: 5 | Days: 24

Sex: Male. | Color or Race: White | Birthplace: Wrightsdale Pa.

Occupation: | Where Residing if not at place of death:

Married, Single or Widowed: single | Name of Wife or Husband:

Father's Name: Geo W. Jones | Father's Birthplace: Rising Sun

Mother's Maiden Name: Sarah Keithly | Mother's Birthplace: near Rock Grove

Name of person giving Information: Geo W Jones | How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Accident in Cecil Paper Mill | How long: 3 hours

Immediate: Evanston | How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr J. B. Slicer

Address: Rising Sun Cecil County Md.

Accident or Suicide?

LIBRARY BUREAU A6586

Name in Full

Clarence Lambert.

Certificate of Death

Died at Town: Nanwich, County: Cecil MARYLAND

Date 1904 Month June Day 18 | Age Y. 17 M. 7 D. 21 | Native of Nanwich | Occupation Laborer.

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of —
Wife —

Father's Name Theodore Lambert | Mother's Name Louisa Lambert.

Cause of Death: Primary Phthisis Pulmonalis | How long sick 6 mo.

Immediate — | ~~Accident, Suicide, Homicide~~

Reported by Chas. A. Ritchie, M.D.

Address Middletown, Del.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Hazel Matthews

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Elkton — County: Cecil

Date of death: Month: June — Day: 22 — Year: 1904 — Age: about 21 — Months — Days

Sex: Male — Color or Race: Col. — Birthplace

Occupation: Sailor — Where Residing if not at place of death: Cambridge Md.

Married, Single or Widowed — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving information: James Mills — Nearest related kin deceased: none

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CAUSES OF DEATH

Primary: Drowned in Elk River — How long

Immediate: near Elkton. — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm D Crawley

Address: Elkton Md.

Accident or Suicide? Accident

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

LIBRARY BUREAU A63516

Name in Full: John H Mckee

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cherry Hill; County: Cecil

Date of death: Month: June; Day: 16; 1904

Age: Years: 71; Months; Days

Sex: Males

Color or Race: White

Birthplace

Occupation

Where Residing if not at place of death

Married, Single or Widowed: married

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Dementia Senile — How long: 17 years

Immediate: Phthisis Pulmonalis — How long: Don't know

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas G Miller

Address: Cecil Co, Md

Accident or Suicide?

PHYSICIAN OR CORONER

North East

LIBRARY BUREAU A88016

Name in Full: Benjamin F Owens

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Principio Furnace; County: Cecil

Date of death: Month: June; Day: 13; 1904

Age: Years: 44; Months: —; Days: —

Sex: Male

Color or Race: White

Birthplace: Cecil Co

Occupation: Farmer

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm F Owens

Father's Birthplace: Cecil Co

Mother's Maiden Name: Elizabeth Baker

Mother's Birthplace: " "

Name of person giving information: Harvey Owens

How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pleuro-pneumonia — How long: Short

Immediate: Progressive Cardiac Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. G. Taylor, M. D.

Address: Perryville, Md.

Accident or Suicide?

LIBRARY BUREAU A88016

Pour e -

Name in Full: Adaline C Rawlings

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Port Deposit — County: Cecil

Date of death 1904: Month: June — Day: 1 — Age: Years: 79 — Months: 5 — Days: —

Sex: Female — Color or Race: White — Birthplace: Cecil Co

Married, Single or Widowed: Widow — Occupation: —

Name of Wife or Husband:

Father's Name: Amos Hanshaw — Father's Birthplace: —

Mother's Maiden Name: Mary Burns — Mother's Birthplace: Pa

Name of person giving information: Fannie Rawlings — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Nephritis — 120 — How long: 10 weeks

Immediate: — How long: —

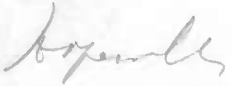
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. G. Fischer

Address: Port Deposit, Md.

Accident or Suicide? No

LIBRARY BUREAU A83218



Name in Full: Annie M. Reynolds

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: North East — County: Cecil

Date of death: Month: June — Day: 18th — 1904 — Years: Age 37 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Chesapeake City

Occupation: House Wife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Richard N. Reynolds

Father's Name: John Boyd — Father's Birthplace: dont know

Mother's Maiden Name: Annie Pennington — Mother's Birthplace: dont know

Name of person giving information: S. S. Reynolds — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: 1. Typhoid Fever — How long: 3 weeks

Immediate: Pneumonia — How long: 2 weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thos A Worrall

Address: North East- Md.

Accident or Suicide?

LIBRARY BUREAU Aug516

Name in Full: Charles Lloyd Richardson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Pleasant Hill — Town — Cecil — County

Date of death 1904 — Month: 6 — Day: 25 — Age: Years 19 — Months 4 — Days 14

Sex: Male — Color or Race: Black — Birthplace: Pleasant Hill

Occupation: — Where Residing if not at place of death: Pleasant Hill

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Stephen Benjamin Richardson — Father's Birthplace: Elkton Md

Mother's Maiden Name: Annie Elizabeth Talbert — Mother's Birthplace: Cecil Co Md

Name of person giving information: Stephen B. Richardson — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: 27

Immediate: Exhaustion — How long: 10 Months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. Geo. Smith

Address: Smith Md

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: Cassandria Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Port Deposit — County: Cecil

Date of death: Month: June — Day: 17 — 1904

Age: Years: 80 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Port Deposit Md

Occupation: — Where Residing if not at place of death: Port Deposit Md

Married, Single or Widowed: Widowed — Name of Wife or Husband: —

Father's Name: Wm Butler — Father's Birthplace: —

Mother's Maiden Name: Sarah Tolchstone — Mother's Birthplace: —

Name of person giving In formation: Sarah Durgin — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — 66 — How long: 2 years

Immediate: Heart Failure — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. L. Fisher

Address: Port Deposit, Md.

Accident or Suicide? No

LIBRARY BUREAU A88016

Name in Full: Ebr Stern — 3 Dist

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cherry Still — County: Cecil

Date of death: Month: June — Day: 4 — Year: 1904 — Age: Years: 64 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Pa

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: M.J. Perry

Father's Name: Wm Stern — Father's Birthplace: Pa

Mother's Maiden Name: Star — Mother's Birthplace: Pa

Name of person giving In formation: M.J. Stern — How related to deceased: wife

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Arterio Sclerosis — How long: 4 yrs

Immediate: Brain Softening — How long: 1 yr

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. Custus Mitchell M.D.

Address: Elkton Md.

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Martha Sophie Taylor

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: New Port Dupont — County: Cecil

Date of death: 1904 — Month: June — Day: 7th

Age — Years: 1 — Months: 8 — Days: 8

Sex: Female — Color or Race: Colored — Birthplace: New Port Dupont

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wilmer Taylor — Father's Birthplace: Port Dupont

Mother's Maiden Name: Frances R. Rainie — Mother's Birthplace: U S

Name of person giving Information: Frances R. Rainie — How related to deceased: Mother

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Was told this Baby was sick a — How long: [illegible]

Immediate: from Teeth & Stomach trouble. — How long: [illegible] or two & died

Are the name, age, sex, color, date and place correctly given above? J. W. Cox

Signature of Physician: No Physician in attendance

Address

Accident or Suicide?

8

LIBRARY BUREAU A88518

Name in Full: John B Tyson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Woodlawn — County: Cecil

Date of death: Month: June — Day: 20 — 1904

Age: Years: 68 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Cecil Co

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or ~~Husband~~: Sarah E Tyson

Father's Name: John B Tyson — Father's Birthplace: —

Mother's Maiden Name: Dorothy Tyson — Mother's Birthplace: —

Name of person giving Information: Geo F Tyson — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Heart Failure — How long: 4 days

Immediate: — , — , — — How long: " "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J F Brown MD

Address: Port Deposit Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Gregori Wardell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Perryville — County: Cecil

Date of death: Month: June — Day: 19 — 1904

Age: Years: 1 — Months: 4 — Days: —

Sex: Male — Color or Race: White — Birthplace: Perryville

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Cecil Wardell — Father's Birthplace: Cecil Co

Mother's Maiden Name: Maggie Knight — Mother's Birthplace: " "

Name of person giving Information: Cecil Wardell — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Erisitilas Convulsions — How long:

Immediate: Convulsions — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Geo. M. Stump

Address: Perryville Maryland

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Elizabeth Oma Williams

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Leeds; County: Cecil

Date of death: 1904; Month: June; Day: 23; Age: Years: —; Months: —; Days: 29

Sex: Female; Color or Race: Col.; Birthplace: Leeds

Occupation: —; Where Residing if not at place of death: Leeds

Married, Single or Widowed: S; Name of Wife or Husband: —

Father's Name: Richard Williams; Father's Birthplace: Cecil Co. Md.

Mother's Maiden Name: Mary Dorsey; Mother's Birthplace: St. Marys Co. Md

Name of person giving In formation: Mary Williams; How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Prematu[illegible]; How long

Immediate: Exhaustion; How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm D Cawley

Address: Elkton Md.

Accident or Suicide? —

LIBRARY BUREAU A88918

Name in Full: William Nelson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died — Town: near Cecilton | County: Cecil

Date of death: Month: June | Day: 6 | Years: — | Months: 9 | Days: —

Sex: Male | Color or Race: Black | Birthplace: Cecil Co

Occupation: — | Where Residing if not at place of death: —

Married, Single or Widowed: — | Name or Wife or Husband: —

Father's Name: Geo B Nelson | Father's Birthplace: Cecil Co

Mother's Maiden Name: Ella Hamp | Mother's Birthplace: Cecil Co

Name of person giving Information: Ella Nelson | How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption | How long

Immediate: Whooping Cough | How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: E. H Crawford

Address: Cecilton Md

Accident or Suicide?

LIBRARY BUREAU A66514

Name in Full: John E Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Port Deposit; County: Cecil; MARYLAND

Date of death: Month: June; Day: 16; 1904

Age: Years: ; Months: 11; Days: 4

Sex: Male

Color or Race: Colored

Birthplace: Port Deposit

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: George Young

Father's Birthplace: Balt. Co

Mother's Maiden Name: Blanch Hubbard

Mother's Birthplace: Richmond Va

Name of person giving Information: Blanch Young

How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Measles — How long: 3 days

Immediate: Convulsions — How long: 1 hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H E Clemson

Address: Port Deposit

Accident or ~~Suicide~~?

LIBRARY BUREAU A68816